



Research Article

Awareness and Attitudes Towards Violence and Abuse among Emergency Nurses

Ok-Hee Cho, RN, PhD,¹ Kyeong-Sook Cha, RN, PhD,² Yang-Sook Yoo, RN, PhD^{3,*}¹ Department of Nursing, College of Nursing and Health, Kongju National University, Kongju, South Korea² Department of Nursing Science, Sun Moon University, Asan, South Korea³ College of Nursing, The Catholic University of Korea, Seoul, South Korea

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SUMMARY

Purpose: This study identifies degree of awareness and legal knowledge about overall abuse and violence, and investigates attitudes towards domestic violence in emergency nurses.**Methods:** The data collection period was between August and December 2012 for 131 nurses who worked in the emergency center of five hospitals in South Korea. This study surveyed emergency nurses about the recognition of abuse and violence, the legal knowledge of abuse and violence, and the attitudes towards domestic violence.**Results:** This study showed that approximately 60.0% of participants experienced incidents of suspected abuse or violence, but the reporting rates were low. Of all the participants, 70.2% knew that they must report the discovery of abuse or violent incidents, but 45.0% did not know that if someone who had duty to report but did not report that he/she had a legal responsibility. Most emergency nurses agreed that “even if the domestic violence is severe it should not be suggested to victims that they run away, leaving children at home”, and “perpetrators are patients who need treatment.”**Conclusions:** Appropriate awareness about abuse and violence, and systematic education are required for emergency nurses so that they can provide appropriate interventions.

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Rapid industrialization, urbanization, and modernization with the improvement of living standards changed traditional values, and had seen a greater number of patriarchal and extended families transform into nuclear families. As a result, the function of the family and the idea of respecting the elderly have weakened, which led to a change in social structure. Because of this, the risk of neglect, abandonment, physical and emotional threat, and abuse of elderly people and children has increased [1]. Along with an increase in violence in society, the incidence of domestic violence also increased. The degree of damage caused by violence is serious: the claim has been raised that domestic violence has to be acknowledged as a societal problem, rather than be treated as a personal or family matter that has been overlooked or concealed, and solutions should be implemented at the government level [2].

Most of the victims of violence and abuse involve women, children, and elderly at home or in community facilities.

Throughout society, abuse occurs in the form of various types of physical, emotional, sexual abuse, and neglect. Considering domestic violence and the abuse of children, there was a higher incidence of physical abuse than emotional abuse [3], but regarding the abuse of elderly people, there was a greater incidence of emotional abuse than physical abuse [4]. Violence or abuse that occurs in the home is not limited to a single incident, but is repeated continuously [5]. Over time, the patterns and frequency of violence become more serious, and victims have to return to their homes, which are the places where the violence or abuse occur [3,6]. These incidents of violence and abuse cause emotional and physical damage such as depression and anxiety. Therefore, victims require medical intervention, and many women who are assaulted receive medical treatment in emergency room (ER). According to the Korean Ministry of Gender Equality and Family [3], 30.1% of women received medical treatment related to domestic violence, and 9.4% of women received medical treatment for psychological symptoms. Some of these victims receive medical treatment in the emergency room. At that stage, the emergency nurse should provide medical treatment to these victims of abuse or violence as well

* Correspondence to: Yang-Sook Yoo, RN, PhD, College of Nursing, The Catholic University of Korea, 222 Banpo-daero, Seocho-gu, Seoul 06591, South Korea.

E-mail address: ysyoo@catholic.ac.kr

as possess professional skills to detect the signs of abuse or assault, and then, provide the appropriate legal services.

In Korea, domestic violence is still considered a private matter; it is solely the focus of medical treatment, and not considered a serious social or legal issue [5,7]. According to the Department of Health and Human Services report, amongst personnel with a duty to report, domestic violence has low rate of reporting, with only 2.2% of child abuse incidents [8] and 10.2% of elderly abuse incidents reported by medical professionals [4]. In sexual assault cases, the collection of forensic evidence while providing initial treatment is necessary, and it has been reported that there is a lack of awareness regarding the importance of and knowledge about providing these types of legal services [9]. In addition, although the hospital is the initial place for aid, victims of sexual violence often face unpredicted negative experiences there, such as neglect or criticism from medical professionals [10]. Some medical professionals think that the inappropriate behavior of the victim caused the incidence of sexual abuse [11]. When the victim of sexual abuse talks about the incident or requires the relevant services, the medical professional shows negative attitudes such as skepticism or criticism. As such, medical professionals who behave negatively cannot adequately provide the necessary medical services to the victim, or interfere with the process of collecting forensic evidence [12]. To improve their awareness, appropriate education and training are required.

Many victims of abuse or violence seek emergency treatment for physical injury, and the ER staff has a high probability of examining the victims of abuse or violence, as well as the legal and professional responsibility to report the incident. Among clinical staff, nurses are the first to make contact with patients and their families, and keep close relationships with patients. The emergency nurses should have the knowledge and skills of emergency care, as well as evaluate the precise circumstances of outpatients, and determine cases of physical, sexual, or violent abuse and injury [13]. Thus, it is important to increase the awareness and knowledge of this abuse so that nurses can provide appropriate medical, nursing, and legal services to victims.

In Korea, the field of nursing research on abuse and violence is primarily focused on the victim's experience or mental condition [14], or cases in which nurses on duty were the victims of violence [15–17]. Nurses were the participants of some studies about the awareness of elderly abuse [18] or child abuse [19,20]. However, emergency nurses have not yet been the participants of a study on the degree of awareness of overall abuse or violence.

In this study, emergency nurses required to perform a professional duty in reporting abuse and violence, were used as participants to identify degree of awareness and legal knowledge about overall abuse and violence, as well as to investigate their attitudes towards domestic violence. Therefore, this study provides the baseline data, based on which an educational program or guideline for nurses can be developed to correctly identify abusive or violent situations and provide effective intervention.

Methods

Study design

This study used a descriptive method to identify the awareness and attitudes of emergency room nurses towards abuse and violence.

Samples and setting

Convenience sampling was used, and participants were nurses who worked in the emergency center of five hospitals that had

more than 500 beds, located in Seoul and Gyeonggi-do. The minimum number of participants required for this study, using a two-tailed significance level of 0.05, effect size of 0.3, and power of 0.08 (using the G*Power 3.1 program) was calculated to be 128 people [21]. Considering failure rate, the survey was distributed to 150 people, and 137 surveys were returned (returned ratio: 91.4%). Among these, six incomplete responses were excluded, and 131 people (failure ratio: 8.6%) were the final participants.

Ethical consideration

The content and methods of this study were approved by the institutional review board in the Catholic University of Korea (CUMC11U069). All of the participants were provided with information about the purpose and process of the study, their rights to refuse participation at any point without disadvantage, and the voluntary nature of participation, and written consent was obtained. Once all of the data had been collected, all participants received a small gift.

Instruments

Participant characteristics

Participant characteristics including age, gender, religious affiliation, education level, marital status, nurse's clinical experience, ER work experience, position, experience with police reports, usage of the sexual assault evidence collection kit, and the need for nurse specialist who is dedicated to treating sexual assault were investigated.

Awareness of abuse and violence

Sixteen questions were developed by the researcher as a tool used to measure the recognition of abuse and violence, based on previous studies [18,19,22]. The content validity of the preliminary questions was examined by professional groups composed of one specialist from the Department of Emergency Medicine, two emergency nurses, and two professors in nursing; an 80.0% agreement was reached on all questionnaires.

This tool measured educational experience and practical experience over the previous year in areas of elderly abuse, child abuse, sexual abuse, and domestic violence for each area of the training experience, and whether suspicious situations were reported and the reason for not reporting.

Legal knowledge about abuse and violence

Jung's [22] elderly abuse and legal knowledge evaluation questionnaire was modified and used as a tool to measure the legal knowledge of abuse and violence. The content validity of the questions was examined by professional groups composed of one specialist from the Department of Emergency Medicine, two emergency nurses, and two professors in nursing; an 80.0% agreement was reached on all questionnaires.

This tool consisted of seven questions about the duties and procedures of reporting abuse and violence, and the penalties and roles of a protection agency. For each question, participants can answer "yes", "no", and "not sure". Cronbach α values of tool reliability for Jung [22] were .76 and in this study, .78.

Attitudes towards domestic violence

Twenty-five questions developed by Lee et al [7] were used as a tool to measure attitudes towards domestic violence. This tool consists of attitudes towards victims (5 questions), attitudes towards offenders (13 questions), and attitudes towards children (7 questions) in relation to incidents of domestic violence. Each question can be answered with "yes" or "no". In this study, the

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